

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
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Verification of Collaborative Relationship – Required for Nurse Midwives

WV CODE §30-15-7 Requires that the registered professional nurse midwife ". . . shall be required to practice in a collaborative relationship with a licensed physician engaged in family practice or the specialized field of gynecology or obstetrics; or a staff member at any maternity, newborn or family planning service approved by the West Virginia department of health and human resources, who, as such, shall practice nurse-midwifery in a collaborative relationship with a board-certified or board-eligible obstetrician, gynecologist, or the primary-care physician normally directly responsible for obstetrical and gynecological care in said areas of practice." Please provide the name and address of the physician with whom you have this collaborative relationship. The collaborative physician must sign verifying he/she is knowledgeable in the area of obstetrics and gynecology such that collaboration can occur.

Physician Signature: _____ Date: _____

Physician Name: _____
Printed Name

WV Physician License # _____

Address: _____

Phone#: _____

I certify that I have read and I do understand the information included in the statement of Standards for the Practice of Nurse Midwifery as set forth by the American College of Nurse Midwives (<http://www.midwife.org>) and The WV code for Nurse-Midwives(WVCode §30-15-1(c). I also certify that the information provided on this verification is true and correct to the best of my knowledge:

APRN Signature: _____ Date: _____

APRN Name: _____
Printed Name